"A small parasite commonly called louse, found around the Pubis, and scalp. The parasites bore into the skin under epidermis, causing characteristic appearance or lesion."

Same question as above.
"Scabies is caused by an animal parasite. The lesion is found between the fingers."

Classify and describe the cysts of the kidney.
"The cysts of the kidney are cysts may be of Syphilitic or tubercular origin and may be single or multiple."

Same question as above.
"In its character of the contents: Hydro-cyst, Haemato-cyst, Mucous-cyst. (Haemato-cyst occurs pretty often by traumatism)
'In its formation: Mono (having one cell-room) cyst, Poly (having two or more cells-rooms).
"Cysts of kidney does not come very often, but when it comes to one kidney, another kidney will act actively as for two."

Describe the causative agent and the production of the lesions of scabies.
"Scabies, the itch, caused locally by its own peculiar bacteria. Constitutional symptoms of the disease with local skin manifestations may be transmitted by heredity. Attack those most commonly of dirty habits of living. Eruption is dry scaly and has terrible constant itching. Between fingers on hands, between toes or may be any place on body. Contagious. Eruption may be slight or very severe in given cases."

Briefly describe the Widal reaction, state its diagnostic significance.
"The Widal reaction is used in making diagnoses of typhoid fever. If a person has typhoid fever and a portion of their excretions be submitted to the blood serum of another who has had typhoid it causes a clubbing of the bacteris."

Write a prescription for the administration through the mouth of chlorine gas dissolved in water.
"Cl. + H_2O—."

Mention the sources and uses of benzine.
"Source of Benzine is Petroleum. Uses—in painting and whenever coal gas preparations are used."

What is the cause of lactic acid in the stomach and how can it be separated from hydrochloric acid?
"The cause of Lactic Acid in the stomach is the presence of a ferment caused by the peurilluin glancum."

Briefly describe the Widal reaction, state its diagnostic significance.
"The 'Widal Reaction' is, I think, a definite laboratory test used in the establishment of a diagnosis (position) is suspected typhoid fever. Its diagnostic significance is, I think, final and conclusive."

What is understood by the terms, tricho-bacteria, leptothrix, sarcina?
"Question No. 10 it is better for me not to attempt—I am sorry to say, Doctor, that I don't know—Please be charitable."

What are the signs, clinical and laboratory, of a well established chronic interstitial nephritis?
"Clinical signs—pain, increased secretion of urine or (may be) no pain especially, dropsical, nervous headaches, wasting, loss of weight, insomnia, etc., etc., and the laboratory test of urine shows the presence of albumen."

Name the physical signs and clinical symptoms which would lead to the suspicion of lung abscess coming on as a sequel of pneumonia.
"Localized pain at some particular part of the lung, dullness area, great tenderness pain, expectoration showing evidence of pus, auscultation would give abnormal sounds, etc., etc."

Mention the sources and uses of benzine.
"Benzine is made from the distelation of wood, is a Biproduct in the manufacture of charcoal, passes very explacive properties. It is used internally in combination with other substances. Benzoate of Loduim in cystilis. About the best think I have found it good for is cleaning and removing grease spots from clothing."

Describe the theory of the construction of the metric system.
"The Metric System is not used as much now as in the past and is not as a ——— Cannot explain."

What is the cause of lactic acid in the stomach, and how can it be separated from hydrochloric acid?
"Lactic in the stomach is always present in Carcinama of the stomach. It is caused by the puterfactive action of the decomposed tissues in connection with the HCL."

State method of sterilizing the following: Fluid culture media, test tubes, rubber stoppers, rubber gloves.
"(a) Fluid culture media are best sterilized at a low temperature about 40 per cent. (b) test tubes are best sterilized by autoclare (c) rubber stoppers and rubber gloves are best sterilized in a 1-1000 bichloride sol."

Define the following terms! Germicide, antiseptic, aseptic, sterile, disinfectant.
"A germicide is a drug that destroys the life of the Bacteria an antiseptic is a remedy which antagonizes the bocterial poisons. Aseptic is a condition in which the further invasion of the bactrial toxtrics is stopped. A Steril condition is one in which all bacteria have been destroyed or removed. To disinfect is to place drugs in powder or solution so that the growth of bacteria is prevented."

By what physical signs do you recognize hydropneumothorax?
"Inspection: Mobility decreased on that side may bulge. Patient lays on that side to help mobilize percussion: shows area of dullness which changes when position of patient of changed always having a horizontal margin. Anscultation: may revial nothing but alteration in breath sound combined with percussion a dullness is manifested: which become vesonous above upper surface of fluid: and this changes when position of patient is changed. pain is felt in that side."

What are the immediate indications for treatment in intestinal hemorrhage complicating typhoid fever?
"There is drop in temperature accompanied by shock this is a matter that should be given immediate attention: Water bags, hot blankets, stimulate best by black coffee per rectum; and strychnin combined with atrophine. Arrest of hemorrhage: for fear of sanguination and if hemorrhage is accompanied with perforation."

SAN FRANCISCO COUNTY MEDICAL SOCIETY, MEETING OF DECEMBER 11, 1906.

(Dr. Wm. F. Cheney read a paper on Sarcoma in Infancy:)

Dr. Porter, discussing paper read by Dr. Cheney: I think we should all thank Dr. Cheney for his lucid

exposition of this case. I have seen one such case, but that was a number of years ago, and different from Dr. Cheney's, being sarcoma of the left kidney, upon which side the disease is more usual than on the right.

From the pathological report of Dr. Cheney's tumor, if I understand it correctly, the growth was not the ordinary sarcoma of the kidney which usually springs from the Wolfian body near the hilum of the kidney, carrying the kidney with it, spreading out on the surface of the tumor.

Of interest in this connection is a case I saw by the courtesy of Dr. Archibald, of Toronto, during the past summer. It was sarcoma of the prostate in a child of 22 months and was not discovered until operation was attempted to relieve urinary retention. Postmortem histological examination proved the growth to be a sarcoma. When one reflects that the Mullerian duct is part of the Wolfian body and that in the post-embryonic stage the former becomes the prostatic sinus, it will be seen that this sarcoma invading the prostate was in reality a sarcoma originating in the same tissues from which spring these sarcomata of the kidney. In the matter of diagnosis Dr. Cheney had a little easier time of it than some do. In looking over a number of histories I find there is often difficulty in differentiating early sarcomata of the kidney from congenital cystic tumors.

Dr. Kreutzmann: About ten years ago I demonstrated a similar case to the Academy of Medicine in three different stages. The first stage was demonstration of the tumor, sarcoma of the kidney from a child about three years old. The second stage demonstrated the child recovered from the operation, and the third stage demonstrated different organs with the same kind of a tumor that had originated in the kidney. Of especial interest was the metastasis in the lungs. The child was first seen in good health. The tumor was accidently discovered and I had no difficulty in diagnosing it. Operation was advised immediately. The people did not want an operation at first, but finally came back and the tumor was quite a bit larger. The operation was easily performed. In a short time metastes occurred. Some time after I saw statistics of cases of sarcoma of the kidney in children; not more than one dozen cases, showing that this disease is extremely rare. More than ten years ago I reported this case. I have not seen any cases since, and had never seen any before.

Dr. Rixford: As several of those present have reported cases observed by them, I would like to add that I can remember to have seen at least two cases of sarcoma of the kidney in children, one with Dr. Max Magnus, of this city, and one in the service of Dr. Seibert in New York. Magnus' case was that of a girl of two years, presenting an enormous tumor which originated in the left renal region, but which, when I saw it, completely filled the abdomen and raised the lower ribs. The skin over the abdomen was covered with dilated veins and the child was greatly emaciated. The tumor was solid; aspiration brought no fluid. When the tumor was first discovered the diagnosis was obscured by a history of malaria suggesting the spleen as its origin, but later the diagnosis was evident enough and was finally confirmed at autopsy.

Dr. Krotoszyner: I have seen two similar cases, although neither diagnosis could be verified. One case was that of a boy of three with a marked tumor of the left side which I diagnosed as a renal tumor, most probably a sarcoma. The other was a case of a little girl of 5 years, who, at that time, had been in the hands of a number of physicians, and who presented a mass in the right side extending from the ribs down to the crest of the pelvis. It was movable with respiration. In neither of these cases was operation accepted. In one case I understood operation was attempted, but the tumor could not be removed. In both instances the children died. With regard to the frequency of kidney tumor in children, I wish to mention that in looking over the literature on this subject I found that Kuester, of Marburg, has collected 651 kidney-tumors, of which 141 belong to children from 1 to 5 years and 41 to children from 5 to 10 years. I mention the fact because it shows the large percentage of these tumors in children. It is also stated by the same author that next to children the largest number of malignant kidney tumors occur at the age of between 65 and 75 years. In regard to the diagnosis, it must be stated that as much as modern urology has done to clear up dark kidney-conditions in grown people, very little can be learned from our methods for these small children.

Dr. Moffitt: I have seen two of these tumors. One patient was operated upon by Dr. Tait, who removed the tumor, and, just as in Dr. Cheney's case, the child recovered perfectly and in a short while came back with a tumor as large as at the start. In the other case no operation was done. A short time ago a question of one of these tumors came up in considering a large abdominal mass in a child of 7 months of age. The tumor had been noticed months before. It was accompanied by fever, but absolutely no pain. This mass lay deep in the left flank and at first seemed definitely to be kidney. This idea was strengthened by finding the colon on inflation apparently running diagonally over the tumor. This view had to be revised by finding the colon on palpation, distinctly in the flank. In children we may get inflation not only of the colon, but sometimes of the ilium as well. In adult tumors of the kidney, I have seen two or three cases in which the colon lay internal to the mass felt and accordingly pointed to a tumor of the spleen. At operation it was shown that this position of the colon was due to adhesions of the colon to the tumor, pushing it over to the side. In the case of the small girl of 7 months, the mass which was in the left flank was too irregular and lay too far to the front to be kidney. Whether it could not be a mass of tubercular glands or lymphosarcoma of the small intestine, was a question, although the mass lay entirely in the left flank, a finding against glands. Autopsy showed the tumor a mass of tubercular glands. The mesenteric glands were not involved. In this child there was a history of hematuria. I would emphasize that blood may occur in the urine, in abdominal tumors, without the tumor being connected with the kidney at all; not only blood in microscopic amounts, which is frequent, but also in distinct macroscopic amounts. Again, with regard to the position of the colon, I think that considerable emphasis should be given to the fact that it does not always lie across the kidney tumor. I well remember a case of an old man of 60 who was supposed to have a lymphatic leukemia. The white blood count was 100,000, 80 to 90% lymphocytes. The tumor in the left flank was regarded as spleen. From the position of the tumor, although there was a sharp anterior margin, I made a diagnosis of a kidney sarcoma, associated with a blood picture of lymphatic leukemia. It is well known that certain sarcoma may give a blood picture of lymphatic leukemia. Unfortunately this man had a gangrenous zoster in the distribution of the right 5th nerve. Blood count went down to normal. The tumor shrank and almost disappeared. This, together with the dubious position of the colon, led me to revise my diagnosis, a dangerous thing to do, by the way. He went to autopsy with a diagnosis of lymphatic leukemia with blood picture changed by gangrenous zoster. Autopsy showed a Grawitz of the left kidney. The colon had been pushed into such a position as to mislead the diagnosis.

Dr. Stillman: I have seen but one case of sarcoma of the kidney in my practice. This case was not confirmed by operation; it was too far gone.

No doctor had seen the child until a few days before I saw it. I saw the case with Dr. Greene. That child had the tumor on the right side, occupying the whole of the right side of the body and the picture was just such a one as is seen in text-books of far advanced tumors of the kidney. The child was about one year of age and was emaciated to the last degree. The abdomen had enormously distended veins all over it. Operation was not advised on account of the hopelessness, and the child died within a few days. Autopsy was denied. The interesting fact is that the hematuria should have appeared so late.

Dr. Cooper: I desire to emphasize some of the points alluded to by Dr. Moffitt. Firstly: We must recognize that tumors of the kidney may present a varying relationship to the colon, depending upon what part of the kidney the tumor arises from. Thus a tumor from the pelvis may displace the colon outward and a tumor growing from the outer aspect may displace it outward, and perhaps more important, a tumor arising from the adrenal body or upper part of the kidney, may grow forwards and displace the colon downwards. This is alluded to by Morris in his excellent book, and in Leahes' text-book such an example is figured.

Secondly: All malignant tumors may be associated with a marked leukocytosis. This seems to be particularly so when the tumor arises in the kidney. Thus Cabot records instances of malignant tumor of the kidney in which the leukocytes numbered 90,000.

Thirdly: That though it is impossible, in children, to do the functional diagnostic kidney work, that is a "sine qua non" in adults, we can console ourselves with the reflection that these children have not lived sufficiently long to have degenerative lesions in the other kidney, and hence the kidney left can do its own work and also the work of the one to be removed.

Fourthly: That though it is true that microscopic bleeding may occur, together with the presence of an abdominal tumor, which is not of renal origin, yet we must bear in mind that, given hematuria and an abdominal tumor, the two should be usually correlated and the correlation spells a renal tumor; of this I have seen a striking instance during the last month in which a tumor arising from a left floating kidney and partly interpelvic was diagnosticated successfully, owing to the presence of such otherwise unaccountable hematuria.

Dr. Somers: From a surgical standpoint, in the treatment of the case presented by Dr. Cheney, the only problem presenting itself was as to the nature of the incision. The tumor was of very large size and though distinctly located on the right side, practically filled the abdominal cavity. It extended from the pubic region nearly to the liver. Quite evidently incision in the lumbar region would present some difficulties in removal of so large a tumor. Without hesitation, a medium incision was made and the incision lengthened to the pubis. There was no difficulty experienced in removal. The surface of the sarcoma was covered with peritoneum and the colon was distinctly pushed to the left side, quite beyond the median line. In shelling out the tumor the peritoneum was separated without any trouble and did not seem to be attached firmly to the underlying structures. However, when we cut down to the base or pedicle of the tumor it did present some difficulties and we could not be certain that the whole was removed owing to the proximity of the pedicle to the larger blood vessels. As regards operating for such a condition as sarcoma of the kidney, the rapid recovery and great relief obtained in this case fully justify the procedure. Though the operation may not cure, it at least prolongs life and relieves pain.

(Dr. Emil Schmoll then read a paper on Paroxysmal Tachycardia.)

Dr. Moffit, discussing paper read by Dr. Schmoll: Dr. Schmoll writes that in most cases this condition is to be regarded as a symptom and not as a disease. The idiopathic cases are getting fewer and fewer in number as we search more carefully for underlying causes. We see people who from early years have these attacks. I knew one man who began with this trouble at the age of ten, and I saw him at the age of 70. Then, some people have the trouble a whole lifetime without our being able to discover a cause; but in most cases we can very definitely refer the condition to some underlying factor, as is the case in other so-called functional affections, epilepsy and neurasthenia. I have been struck with the number of cases of paroxysmal tachycardia in young men associated with cerebral syphilis. Not infrequently there are other symptoms than tachycardia; occasionally difficulty in speech, or attacks of confusion. In a few of these cases tachycardia has been a predominant feature. I have been struck, also, with the number of these cases in young men associated with masturbation. The condition is not infrequent in thyroid trouble. The thyroid tumor does not seem to be the direct cause, but rather the thyroid intoxication. Of interest to me is the occurrence of tachycardia in a case mentioned by Dr. Schmoll of Dercum's disease, for not long ago I saw a case of Dercum's disease with attacks of tachycardia. I would like to emphasize also that we should not view the prognosis of paroxysmal tachycardia too lightly when associated with definite heart lesion. I saw, some two months ago, a woman who had had spells of tachycardia during the last five years and who had been for ten days running a pulse of 160 when I saw her. She had a definite aortic leak and died a day or two later with symptoms of angina. Another case was of adherent pericardium, and the patient went a long time with symptoms of intermittent tachycardia alone. The prognosis in such cases is decidedly different from that in essential tachycardia. This condition, therefore, is most often a symptom and not a disease and it is important that our prognosis should be based entirely on the underlying condition.

Dr. Cooper: Dr. Schmoll is to be congratulated upon the wealth of clinical material he has presented to us, and upon the good use he has made of it. There is no doubt that we have to broaden our ideas in respect to what cases we shall regard as paroxysmal tachycardia. We can no longer restrict the list to those instances in which, in the absence of static disease of the heart, such undue rapidity suddenly commences and as suddenly disappears. Yet, on the other hand, there is a question as to where the boundary line is to be drawn, e. g., given a man with a myocardial insufficiency, he overdoes it and his heart beats 120-130 a minute, he apparently suffering from no symptoms. Should we include such in our list? If so we all meet with a considerable number of such cases.

The nervous system undoubtedly plays a great part in the production of many attacks, and indeed, as stated, it has long been formulated that they are a sort of cardiac epileptic seizure. It used to be argued that a pulse rate up to 120 beats depended upon irritation of the sympathetic; from 120 to 150 beats upon a paralysis of the vagus, more than that upon a combination of both causes, but such a distinction is arbitrary and can not be entirely supported. Nevertheless, in those instances in which such attacks occur in people who suffer from manifold vaso-motor symptoms such as cold hands and feet, flushings, sweatings, etc., we are all tempted to suspect that these tachycardias are dependent upon vagal inhibition or sympathetic irritation and in such people the prognosis is commonly a good one. There are other cases, however, in which these attacks are associated with a dilitation of the heart chambers, and indeed one prominent writer—I refer

to Martin—suggests that these attacks are dependent upon a preliminary dilation and represent an endeavor on the part of the heart to make up by rapidity of contraction for insufficiency of the individual beat; this in its turn tends to induce more dilitation and thus a vicious circle develops. In such patients the prognosis is somewhat different, and they should be treated with the greatest of care. I cannot criticize the tracings of Dr. Schmoll as it is necessary to have such under one's observation and do many minute measurements before any opinion advanced is of much value. But I would like to emphasize two points, (1) that the interpretation of such things is by no means easy, and one can readily be led astray, e. g., it is only necessary to take venous tracings with the tambour close or far away from the carotid artery to recognize what errors may ensue even depending upon the position of our receiver; (2) that it is particularly difficult to say whether a given wave is due to an auricular contraction occurring coincidently with the ventricular contraction, or to a reflex wave due to the right ventricular systolic. The size of the wave does not help us; measurements are of little aid. Perhaps we will have to depend upon the fluoroscope; but even there the factors of error arise, inasmuch as a chamber containing fluid in such apposition to another contracting chamber would naturally show some disturbance during that contraction and I must confess, that up to the present I have been totally unable to differentiate.

Dr. Schmoll, closing discussion on his paper: I agree with Dr. Moffitt that it is of the utmost importance to look for the etiological factor in these cases. In very few cases I have not found the etiological factor. In regard to paroxysmal tachycardia in thyroid disease, I have seen a number of such cases in which tachycardia was present and the case could not be classed as real goiter. In regard to the Dercum's disease, that also improves on thyroid extract. I agree that it is difficult to judge whether the auricular contraction takes place or not, from the venous tracings. I think the final decision has to come from the fluoroscope examination, not from the tracings.

PHYSICIANS RELIEF COMMITTEE.

To the Editor of the State Journal:—At a meeting of the Relief Committee of Physicians, held the 19th December, I was instructed to send you a copy of a quotation from an article which appeared in the November edition, 1906, page 621, of the Pacific Medical Journal, and our reply, and to ask if you will kindly favor us by publishing the same in the next edition of your Journal?

San Francisco, December 14th, 1906.

Winslow Anderson, M. D.,
Editor Pacific Medical Journal,
1914 Pacific Avenue.

Dear Doctor:—The attention of the Relief Committee of Physicians has been called to an article in the November edition, page 621 this year, of the Pacific Medical Journal, in which you make the following statement:

"The first item of disbursements to physicians—321—is $23,512.80, making about $732.48 for each. We know many physicians that have received only $50 each from the relief fund. This would make a few that have received much more than $732 apiece."

As the above statement is extremely erroneous—23,512.80 being divisible by 321—but 73.24 times and not 732.48 times, the Committee respectfully request that correction of same be made and proper notice of such correction be given in next edition of your Journal.

Relative to that portion of your article in which you comment upon the balance of the relief fund on hand and its distribution, we beg to say that we are, and have been, using every effort to learn what physicians are in need, and such when found are promptly granted assistance.

Should you know of any physicians (duly registered), who are in need we will consider it a favor if you will send their names and addresses at your earliest convenience.

The Committee believes it is serving the highest and best interest of all by refusing to divulge the names of those who have received assistance from the relief fund. Such an act would be of benefit to no one; on the other hand it would be most indiscreet and injudicious on the part of this Committee to humiliate, by publication, those who, through misfortune, have been compelled to accept aid.

As to the question of notes, permit me to state that no physician has been asked to give a note, and that such notes as the Committee has in its possession have been given unsolicited by those receiving aid.

Very truly yours,
FRED W. LUX, Secretary.

May we trouble you further to announce that the Relief Committee of Physicians has a balance on hand and are still in a position to assist all regularly registered physicians who are in need?

Very truly yours,
FRED W. LUX, Secretary.

OUR RELATIVE POSITION.

A facetious writer in the December number of the "Druggists Circular" presents a capital take-off of the manner of conducting the patent medicine business and the write-ups that are an essential part of that form of fraud. He has succeeded in combining Cod Liver Oil, Oxygen, Radium and Phosphorous in one mixture, which has been given the truly descriptive name of Radio-Phospholine, and it may be implicitly relied upon to cure cancer, debility and consumption. The promoter offers to assign shares of stock to persons sending in testimonials to the effect that some friend holding a prominent position in society had been cured of cancer, consumption or nervous debility. The number of shares to be assigned will depend upon the prominence of the individual and his consequent commercial value.

"It is manifestly impossible to fix a definite price for testimonials, but I give the value I attach to those of certain people. The president of the United States, or the king of England, 1000 shares. The governor-general of Canada, or the editor of Collier's Weekly, 500 shares. The editors of the California State Journal of Medicine, the Journal of the American Medical Association, American Medicine, the Canada Lancet, the Ladies' Home Journal, the New Idea, or the Maritime Medical Journal (Canadian), the presidents of Harvard, Yale or Johns Hopkins universities, the four senior members of the faculty of Vassar, or any bishop in good standing, 400 shares. Admirals, major-generals (regular), judges of the supreme court, ambassadors of first-rate powers, and governors, 300 shares.

"Then by easy gradations we get down to aldermen, justices of the peace, ministers of religion, trained nurses, head waiters, Pullman car conductors, returned missionaries, members of congress, and ladies who are prominent in vaudeville for whose testimonials are given from 2 to 10 shares.

"Special terms on authentic testimonials from Dr. Dowie or Mrs. Eddy."

RESIGNED FROM COLLEGE OF PHYSICIANS AND SURGEONS.

Dr. Ernest Pring wishes us to state that he has severed his connection with the College of Physicians and Surgeons, of San Francisco.